Under the Paperwork Reduction Act of 1995.		Application Number	10/015	5,303
TRANSMITTAL		Filing Date	Decem	nber 12, 2001
FORM		First Named Inventor	Michae	el D. Hooven
(to be used for all correspondence after initial t	filing)	Art Unit	3739	
		Examiner Name	Rosila	nd S. Kearney
Total Number of Pages in This Submission	*	Attorney Docket Number	0320-0	0016 (HOOV 116)
	ENC	LOSURES (Check all to	hat apply	·)
Fee Transmittal Form		Drawing(s)		After Allowance communication to Technology Center (TC)
Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC
Amendment/Reply		Petition to Convert to a		(Appeal Notice, Brief, Reply Brief)
After Final		Petition to Convert to a Provisional Application		Proprietary Information
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Ac		Status Letter
Extension of Time Request		Terminal Disclaimer		Other Enclosure(s) (please Identify below):
Express Abandonment Request		Request for Refund		- 1 U.S. Patent Document - Certificate of Mailing
Information Disclosure Statement		CD, Number of CD(s)	 	- Return-Receipt Postcard
Certified Copy of Priority Document(s)	Rema	irks Encle: BCE Form PTO/SR/30: 9	385 NO E	ee, Check # 15013RECEIV
Response to Missing Parts/ Incomplete Application	Expres	s Mail # EV 321713067 US	,505.00 1	NOV 1 7 20
Response to Missing Parts under 37 CFR 1.52 or 1.53				TECHNOLOGY CENTE
SIGNA	TURE (OF APPLICANT, ATTOR	NEY, C	OR AGENT
Firm Cook, Alex, McFarron, Ma or Gary W. McFarron, Esq.	anzo, Cur	nmings & Mehler, Ltd.		
Signature How 9	1197	CUAN		
Date November 1, 2003				
CI	ERTIFIC	CATE OF TRANSMISSION	ON/MAI	LING
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Date

November 11, 2003

2. Chrimm

Signature

November 11, 2003

Date

3739

Approved for use through 07/31/2006. OMB 0651-0032
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Art Unit

TO A NICHAITTAL	Complete if Known					
FEE TRANSMITTAL	Application Number	10/015,303				
N3	Filing Date	December 12, 2001				
for FY 2004	First Named Inventor	Michael D. Hooven				
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name	Rosiland S. Kearney				
Applicant claims small entity status. See 37 CFR 1.27		2720	•			

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Signature

TOTAL AMOUNT OF PAYMENT	(\$) 385.00		Attorr	ey Doo	cket N	lo. 0320-00	16 (HOOV	116)	<i>_</i>
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
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Deposit Account Cook Alex McFarr	on et al.	1052	50	2052	25	Surcharge - late p cover sheet	provisional filir	ng fee or	
Name The Director is authorized to: (check all	that apply)	1053	130	1053		Non-English spec		rooverningtion	
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Charge any additional fee(s) or any une	derpayment of fee(s)	1804	920*	1804	920"	Examiner action	alion of SIK j	phor to	
Charge fee(s) indicated below, except to the above-identified deposit account.	for the filing fee	1805	1,840*	1805	1,840*	Requesting public Examiner action	cation of SIR	after	
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1001 770 2001 385 Utility filing	g fee	1255	2,010	2255	1,005	Extension for rep	oly within fifth	month	
1002 340 2002 170 Design fili	ng fee	1401	330	2401		Notice of Appeal			
1003 530 2003 265 Plant filing	g fee	1402	330	2402		Filing a brief in s		appeal	<u> </u>
1004 770 2004 385 Reissue fi	ling fee	1403	290	2403		Request for oral	_		
1005 160 2005 80 Provisiona	al filing fee		1,510	1451		Petition to institut	-		
SUBTOTAL	. (1) (\$)	1452		2452	55	Petition to revive	- unavoidable	"ECE	VED
2. EXTRA CLAIM FEES FOR U	ILITY AND REISSUE		1,330	2453	665	Petition to revive	- unintention	al	
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Name (Print/Type) Gary W. McF	arron Esq.			tion No.	27			312-236-8500	
Name (Print/Type) Gafry W. MgF	alluji, 504/		Attorney		141	1001	, GIOPHONE	, 12-200-0000	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:	CERTIFICATE OF MAILING BY "EXPRESS MAIL"
Michael D. Hooven	"Express Mail" Mailing Label No.: EV321713067US
Serial No.: 10/015,303	Date of Deposit November 11, 2003 I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office Box
Filed: December 12, 2001	Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, PO.Box 1450, Arlington Heights, VA 22313-1450
Group Art No.: 3739) NAME May I. Casimiro
Examiner: Rosiland S. Kearney) SIGNATURE May 2. Commis
For: TRANSMURAL ABLATION DEVICE)
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Commissioner for Patents P.O. Box 1450 Arlington Heights, VA 22313-1450

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- Statement (in Supplemental Information Disclosure 1. duplicate, 3 sheets);
- Request For Continued Examination PTO/SB/30; 2.
- \$385.00 (Check no. /5053) for RCE fee; 3.
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- Certificate of Mailing (1 sheet); and 7.
- Return-Receipt Postcard. 8.

Name: $___$	May I. Casimiro
Signature:	pay S. Cesimor